Conflict of Interest
ELECTED OFFICIAL
Statement of Financial Interest

RECEIVED
FEB 19 2025
SD Secretary of State

Deadline to file: Within **15 days** after the person assumes office.

File with: The **SECRETARY OF STATE** except **local candidates** file with the office where they file their oath of office.

Elected Officials who file: **State Office** elected officials (governor, lieutenant governor, state treasurer, attorney general, secretary of state, state auditor, public utilities commissioner, commissioner of school and public lands, state legislator, circuit court judge and supreme court justice SDCL 3-1A-2);

Gubernatorial Appointee for whom senate confirmation is required shall file with the secretary of state a statement of financial interest before confirmation SDCL 3-1A-3.

Local Office officials (county commissioner, school board member in a school district with a total enrollment of more than 2,000 students, or commissioner, council member, or mayor in any 1st class municipality SDCL 3-1A-4)

Please print:

Full Name Jamie Kaye Stucky

Complete Address 200 E. Prairie Dr. Lennox SD 57039

Office *(list District number if applicable)* Board of Technichal Education

What is your occupation/profession? RN / Senior Director Clinical Learning Strategies

****If there are no changes from your previously filed CANDIDATE Financial Interest Statement check the box and sign and date below.** ☐ **NO Changes**

List any source of funds (business or economic relationship) which contributes **more than 10%** of or **more than $2,000** to your family's *(includes spouse, minor children living at home)* **gross income** in the preceding calendar year. This also includes any enterprise in which you or an immediate family member(s) **controls more than 10% of the capital or stock**. Identify who receives the income from each enterprise but do not include the value. (SDCL 3-1A-1)

**The intent of this form is to collect specific information, not generalities. Do not put N/A or leave the grid blank.*

Name of Candidate or Family Member	Name the Source of Funds (Ex: current employer, SD Legislature, 401K, benefits, etc.)	Relationship to funds (Ex: employee, officer, director, associate, partner, shareholder, owner, member, proprietor, etc.)
Jamie Stucky	Sanford Health - Current Employer	employee
Mathias Stucky	Self employed - Stucky's Custom Walls	Owner
		Filed this 19th day of
		February 2025

I declare and affirm under the penalties of perjury that the information above has been examined by me and to the best of my knowledge and belief is a true, correct and complete representation of myself and my immediate family's financial interests for the preceding calendar year.

Jamie Stucky
(Signature)

2-7-25
(Date)

SECRETARY OF STATE